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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

KI-BONG YUN

Serial No.: 09/665,183

Filed: 15 September 2000

For: DISK CALIBRATION AND SEARCH METHOD IN A CD-ROM DRIVE SYSTEM



Examiner: to be assigned

Art Unit: 2651

REQUEST FOR REFUND

Assistant Commissioner for Patents
Box #17, Refund Unit
Attn: Finance Branch-Refunds
Washington, D.C. 20231

Attorney's Docket: P56169RE

Dear Sir or Madam:

Applicant's undersigned attorney notes that his deposit account No. 02-4943 was improperly charged on **6 October 2000** in the amount of \$78.00, under the fee code 110 for reissue claims in excess of twenty and over original patent.


Please note that there are total of 30 claims and total of 4 independent claims in the application. Thus, the fee for claims in excess of twenty is \$180.00 and the fee for independent claims in excess of three is \$78.00, namely total amount of the fees for the extra claims is \$258.00, which Applicant's undersigned attorney paid together with the filing fee of \$690.00 (check No. 37363 in the amount of \$943.00 (\$258.00 extra claim fee and \$690.00 filing fee)) on 15 September 2000.

Accordingly, please credit the Deposit Account in the amount of \$78.00.

Please refer the attached documents for the above-referenced patent application.

Adjustment date: 03/08/2001 KVESTAL
10/06/2000 KHARLING 00000050 024943 09665183
03 FC:150 78.00 CR -102.00 OP

Respectfully submitted,


Robert E. Bushnell
Attorney for Applicant
Reg. No.: 27,774

1522 K Street, N.W. Suite 300
Washington, D.C. 20005-1202
(202) 408-9040

Enclosures: copies of reissue application, Fee transmittal, check No. 37363 (\$948.00) filed on 15 September 2000, postcard receipt dated 15 September 2000 and a Monthly Statement of Deposit Account dated 31 October 2000.

Folio: P56169RE Date: 11 January 2001

REB/sys

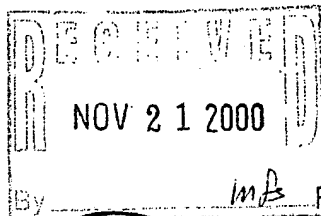


UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

MONTHLY STATEMENT
OF DEPOSIT ACCOUNT

To replenish your Deposit Account, detach and return top portion with your check. Make check payable to Commissioner of Patents & Trademarks.

ROBERT E BUSHNELL ESQ
ROBERT E. BUSHNELL
1522 "K" STREET, N.W.
SUITE 300
WASHINGTON DC 20005



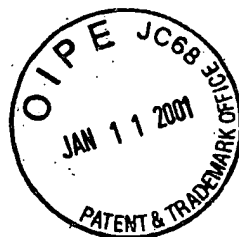
Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

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| Account No. | 024943 |
| Date | 10-31-00 |
| Page | 1 |

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| DATE POSTED | | | CONTROL NO. | DESCRIPTION (Serial, Patent, TM, Order) | DOCKET NO. | FEE CODE | CHARGES/ CREDITS | BALANCE |
|---|-----|-----|-------------|--|-----------------|---------------|---------------------|-----------------|
| MO. | DAY | YR. | | | | | | |
| 10 | 5 | 00 | 12 | 08892716 | P54683 | 115 | 110.00 | 14814.41 |
| 10 | 6 | 00 | 12 | PAYMENT | | 701 | -100.00 | 14914.41 |
| 10 | 6 | 00 | 15 | PAYMENT | | 701 | -6.00 | 14920.41 |
| 10 | 6 | 00 | 18 | PAYMENT | | 701 | -110.00 | 15030.41 |
| 10 | 6 | 00 | 125 | 09665183 | P56169RE | 110 | 78.00 | 14952.41 |
| 10 | 17 | 00 | 7 | PAYMENT | | 701 | -6.00 | 14958.41 |
| 10 | 19 | 00 | 6 | PAYMENT | | 701 | -6.00 | 14964.41 |
| 10 | 27 | 00 | 9 | 09140389 | P55316 | 102 | -78.00 | 15042.41 |
| AN AMOUNT SUFFICIENT TO COVER ALL SERVICES REQUESTED MUST ALWAYS BE ON DEPOSIT. | | | | | OPENING BALANCE | TOTAL CHARGES | TOTAL CREDITS | CLOSING BALANCE |
| | | | | | 14924.41 | 188.00 | 306.00 | 15042.41 |

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P56169RE (REISSUE) 15 September 2000

Applicant: KI-BONG YUN

S.N.: *to be assigned*

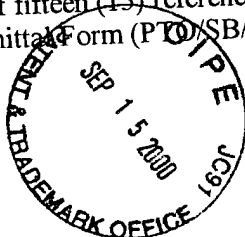
Original Patent No.: 5,808,982 issued on 15 September 1998

Filed: 15 September 2000

For: *DISK CALIBRATION AND SEARCH METHOD IN A CD-ROM DRIVE ...*

Document(s) filed:

1. Reissue application (specification/claims/abstract)
2. Drawings (Figs. 1-7, 8 sheets) and Request for Approval of Drawing Changes
3. Reissue application Declaration by the Assignee (PTO/SB/52) in combination with Declaration as to Loss of Letters Patent; and Reissue Application Declaration by the Inventor (PTO/SB/51).....**BOTH EXECUTED**
4. Transmittal of Declarations
5. IDS & PTO-1449 with copies of fifteen (15) references cited in the IDS
6. Reissue Application Fee Transmittal Form (PTO/SB/56)
7. Check #37363 for \$948.00
8. This post card



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| REISSUE APPLICATION FEE TRANSMITTAL FORM | | | | | Docket Number (Optional) P56169RE | | | |
|---|--------------------------------------|-------------------------------------|--|--------------------------|---|---------------------------|---------------------------|------------|
| Claims as Filed - Part 1 | | | | | | | | |
| Claims in Patent | For | Number filed in Reissue Application | Number Extra | Small Entity | | Other than a Small Entity | | |
| | | | | Rate | Fee | | | |
| (A) 17 | Total Claims (37 CFR 1.16(j)) | (B) 30 | **** 20 | ×\$ ____ = | | or | ×\$18.00 = 180.00 | |
| (C) 2 | Independent Claims (37 CFR 1.16 (i)) | (D) 4 | * 3 | ×\$ ____ = | | or | ×\$78.00 = 78.00 | |
| Basic Fee (37 CFR 1.16(h)) | | | | | \$ ____ | | \$ 690.00 | |
| Total Filing Fee | | | | | \$ ____ | or | \$ 948.00 | |
| Claims as Filed - Part 2 | | | | | | | | |
| | (1) Claims Remaining After Amendment | | (2) Highest Number Previously Paid For | (3) Extra Claims Present | Small Entity | | Other than a Small Entity | |
| | | | | | Rate | Fee | | |
| Total Claims (37 CFR 1.16(j)) | *** | MINUS | ** | * | ×\$ ____ = | | or | ×\$ ____ = |
| Independent (37 CFR 1.16(i)) | *** | MINUS | ***** | 0 | ×\$ ____ = | | | ×\$ ____ = |
| Total Additional Fee | | | | | \$ | OR | \$ | |

* If the entity in (D) is less than the entity in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Please charge Deposit Account No. _____ In the amount of _____.
A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 02-4943.
A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 948.00 to cover the filing/additional fee is enclosed.

15 September 2000
Date

Signature of Applicant, Attorney or Agent of Record

Robert E. Bushnell
Typed or printed name

REISSUE PATENT APPLICATION TRANSMITTAL

| | | |
|--|--|-------------|
| Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 | Attorney Docket No. | P56169RE |
| | First Named Inventor | KI-BONG YUN |
| | Original Patent Number | 5,808,982 |
| | Original Patent Issue Date (Month/Day/Year) | 09/15/1998 |
| | Express Mail Label No. | |

1. ☒ APPLICATION FOR REISSUE OF: (check applicable box) ☒ Utility Patent ☐ Design Patent ☐ Plant Patent

| APPLICATION ELEMENTS | ACCOMPANYING APPLICATION PARTS |
|---|--|
| 1. <input checked="" type="checkbox"/> *Fee Transmittal Form (PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Specification and Claims <i>(amended, if appropriate)</i> 3. <input checked="" type="checkbox"/> Drawing(s) <i>(proposed amendments, if appropriate)</i> 4. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) <i>(37 C.F.R. §1.175)(PTO/SB/51 or 52)</i> 5. Original U.S. Patent <input checked="" type="checkbox"/> Offer to Surrender Original Patent <i>(37 C.F.R. §1.178)</i> <i>(PTO/SB/53 or PTO/SB/54)</i> <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Affidavit/Declaration of Loss <i>(PTO/SB/55)</i> 6. <input checked="" type="checkbox"/> Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i> <input checked="" type="checkbox"/> Written Consent of all Assignees <i>(PTO/SB/53 or 54)</i> <input checked="" type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney | 7. <input type="checkbox"/> Foreign Priority Claim <i>(35 U.S.C. 119) (If applicable)</i> 8. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) PTO/1449 <input checked="" type="checkbox"/> Copies of IDS Citations (fifteen references) 9. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(If applicable)</i> 10. <input type="checkbox"/> *Small Entity Statement(s) <i>(PTO/SB/09-12)</i> <input type="checkbox"/> Statement filed in prior application, Status still proper and desired 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard <i>(MPEP 503)</i> <i>(Should be specifically itemized)</i> 13. <input checked="" type="checkbox"/> Other: <u>Request for Approval of Drawing Change(s)</u> <u>Check #37363 in the amount of \$948.00</u> |

NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. §1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. §1.28)

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| Name | ROBERT E. BUSHNELL and Law Firm | | |
| Address | 1522 K Street, N.W., Suite 300 | | |
| City | Washington | State | D.C. |
| Zip Code | 20005-1202 | | |
| Country | U.S.A. | Telephone | (202) 408-9040 |
| Fax | (202) 628-0755 | | |

| | | | |
|-------------------|--------------------|-----------------------------------|-------------------|
| NAME (Print/Type) | Robert E. Bushnell | Registration No. (Attorney Agent) | 27,774 |
| Signature | | Date | 15 September 2000 |

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